

**Nevada Medicaid and Nevada Check Up Re-Enrollment****Frequently Asked Questions (updated July 5, 2012)****Introduction**

As directed by the Nevada Division of Health Care Financing and Policy (DHCFP), HP Enterprise Services (HPES) will perform provider re-enrollment for Nevada Medicaid and Nevada Check Up providers on a recurring basis to ensure that every provider is re-enrolled at least every 36 months.

The re-enrollment process will be performed in phases starting June 1, 2012, so that not all providers have to re-enroll at the same time. A re-enrollment notification letter will be sent to selected providers 60 days prior to the provider's enrollment end date. The letter will include the Provider Web Portal link directing them to the [Provider Enrollment Application and Contract](#) and instructions to complete the required verifications per the [Enrollment Checklist](#) for specific provider types.

The re-enrollment packet must be submitted within the requested time frames or the provider's contract will be terminated. **Note:** Information in the provider's re-enrollment packet will supersede any current information on file in the Medicaid Management Information System (MMIS).

Q: Who is going to be re-enrolled first?

A: Providers who have been enrolled the longest length of time will be notified and re-enrolled first. For example, Durable Medical Equipment (DME) and Behavioral Health providers were recently required to re-enroll, so they will be notified to re-enroll toward the end of the 36-month period that started June 1, 2012.

Q. How often will the re-enrollment notification letters be sent?

A. A new group of notification letters will be sent on the first of every month to providers, who will then have 60 days to submit a new Provider Enrollment Application and Contract.

Q. Can I submit my re-enrollment prior to receiving notification?

A. No. Please wait until you receive your notification. Once you receive your notification, submit your re-enrollment packet within 60 days.

Q. Will I be automatically enrolled once I submit an application?

A. No. The HPES provider enrollment unit will complete verification of enrollment requirements and providers will be notified upon completion of re-enrollment. Submission of a re-enrollment application does not guarantee the provider's current enrollment will continue. If it is found that providers/groups do not meet criteria for their provider type and/or specialty, their enrollment will be denied and their contract will be terminated.

NEW Q. What happens if I am a provider working for more than one group?

A. Individual providers are required to submit only one application, regardless of how many groups with which that individual is associated.



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Q. On group re-enrollment applications: Are the original signatures of all the providers in my group required in question 58?

A. No. As long as the providers listed are already affiliated, original signatures are not needed. However, if you wish to link a new provider, then the original signature of the new provider is required. Be aware that any providers not listed that are currently linked to the group NPI will be unlinked as a result of not being listed.

NEW

Q. How do I know if I need to do a background check with this process?

A. Please review the Provider Enrollment Checklist and the appropriate [Medicaid Services Manual \(MSM\)](#) chapter for background check requirements for your provider type. The Nevada Department of Public Safety provides helpful information regarding background checks. Use the following link to access the information: <http://nvrepository.state.nv.us/criminal/forms/PersonalNevadaCriminalHistory.pdf>.

Q. What do I include with my re-enrollment packet?

A. The Provider Enrollment Checklist for your provider type lists the documents that must be sent with your re-enrollment packet.

Q. Once I submit my re-enrollment packet, how long until HPES processes it?

A. Processing time is dependent upon requirements for each provider type and volume of applications received each day.

Q. Do I need a new NPI? What do I do if I have an API?

A. You do not need a new NPI. If your provider type is 38, 48, 57 or 58 (waiver providers), use your API to re-enroll. If your provider type uses an API and it is not on this list, call (877) 638-3472 (select option 2 and then option 6 for "Provider Enrollment") to discuss your specific question.

Q. How does this re-enrollment affect existing prior authorizations (PAs)?

A. PAs are not impacted unless you do not re-enroll and your enrollment is terminated as a result.

Q. Will this re-enrollment affect my Electronic Data Interchange (EDI) registration to submit claims electronically?

A. No. EDI registration is not impacted unless you do not re-enroll and your enrollment is terminated as a result.

NEW

Q. Will this re-enrollment require enrollment for Electronic Funds Transfer (EFT)?

A. Yes. If you are not currently enrolled in EFT, you will be required to enroll for EFT. Please see the next question for further information regarding question 35 of the Enrollment Application.



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Q. If I am already enrolled and receiving EFT, how do I answer question 35 of the application?

A. If the NPI re-enrolling is already set up for EFT and no changes are being requested, simply complete question 35 by providing the requested information making sure to sign and date where indicated. A new voided check or bank verification will NOT be required. However, if you are either enrolling in EFT for the first time or making any changes to your existing information, you will need to complete question 35 AND provide the requested information as indicated.

Q. Where do I get the re-enrollment materials?

A. Re-enrollment materials are online at www.medicaid.nv.gov. Select "Provider Enrollment" from the "Providers" tab. The Provider Enrollment Application and Contract and the Enrollment Checklists can be reviewed and downloaded from this site. Use the Provider Enrollment Application and Contract and the Enrollment Checklists that are online at the time you re-enroll. Re-enrollment materials cannot be submitted online, because original signatures are required.

Q. Who do I call with questions?

A. Please call the HPES Provider Enrollment Unit at (877) 638-3472 (select option 2 and then option 6 for "Provider Enrollment") to discuss your specific questions.